

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	: Ridwan Shabsigh	
Serial No.	: _10/658,991	Examiner: Robert M. Kelly
Filed	: September 9, 2003	Group Art Unit: 1633
For	: USES OF VASCULAR ENDOTHELIAL	GROWTH FACTOR IN THE
	TREATMENT OF ERECTILE DYSFUN	CTION
P.O. Box 145	R FOR PATENTS	Date: <u>September 3, 2008</u>
Transmitted	herewith is an amendment to the	e above-identified application.
<u> </u>	Small entity status of this ap C.F.R. §1.9 and §1.27 has established.	
	A verified statement to establish status under 37 C.F.R. §1	-

The filing fee is calculated as follows:

X No additional fee is required.

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	afte Amen ment	d-	Pre	ber viou d Fo		Extr Clai Pres	.ms	ed	Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	9	-	*	20	=	***	0	х	\$25	\$50	=	0	
Indepen -dent Claims	3	_	**	3	=	***	0	х	\$105	\$210	=	0	_
Multiple For Firs	_			aim(s Yes	-	esent _No	ed		\$185	\$370	=	0	
				-		-			TOTAL A	DDITIONA	L	\$ 0	

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter Page 2	
The following are also enclos	ed:
One additional copy of	this Amendment Transmittal Letter
X Return Receipt Postcard	
An Information Disclosu	re Statement, including Form PTO-1449
(Copies of citations inc	cluded: YesNo
and a fee of \$	included)
	xtension of Time, including a fee o Petition for <u>2</u> Month(s) Extension of Tim
Other (identify):	
THE TOTAL FEE DUE IS \$ _230.00	0
	0
X A check in the amount o	f \$_230.00 is enclosed.
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X A check in the amount o	f \$_230.00 is enclosed.
<pre>X A check in the amount o Please charge Deposit Ac \$</pre>	f \$ 230.00 is enclosed. count No in the amount of by authorized to charge any additional fee
X A check in the amount o Please charge Deposit Ac \$ X The Commissioner is here required or credit any cas follows: X Fees under 37 C.F.R	f \$_230.00 is enclosed.
X A check in the amount o Please charge Deposit Ac \$ X The Commissioner is here required or credit any cas follows: X Fees under 37 C.F.R	f \$ 230.00 is enclosed. count No in the amount of by authorized to charge any additional fee overpayment to Deposit Account No03-312